

Section II: Functional Annexes

Purpose

This annex provides the foundation for emergency operations by County health officials, local medical services, and the County coroner in accomplishment of lifesaving, transport, evacuation, and treatment of injured; disposition of the dead; disease prevention and control; and other health-related measures. Hazard specific appendices to this plan contain additional information for such specific emergencies.

Situation and Assumptions

1. Situation

- A. One of the primary concerns of public health officials is disease control. This involves the prevention, detection, and control of disease causing agents, maintaining safe water, and food sources, and continuation of wastewater disposal under disaster conditions.
- B. Disaster and mass-causality incidents take many forms. Proper emergency medical response must be structured to provide optimum resource application without total abandonment of day-to-day responsibilities.

2. Assumptions

- A. Emergency medical and public health services will be an extension of normal duties. Health/medical care will be adjusted to the size and type of disaster.
- B. In mass casualty situations, funeral home directors can be extremely useful for counseling victims of a disaster and the personnel conducting the response and recovery operations.
- C. County resources are capable of meeting most emergencies, however during large-scale disasters; assistance from state and federal agencies is expected. Further, catastrophic situations, relocation of hospital facilities may be required.
- D. It may be assumed that disaster victims and/or emergency services personnel who report to established shelters may be in need of triage and treatment of minor injuries.

Concept of Operations

1. Potential Health Threat – Preparation Phase

- Depending on the type of threat, actions taken during this phase range from monitoring the situation to partial mobilization of emergency resources. As appropriate, the following actions should be taken:
- Notify and brief the appropriate County and State officials, emergency response agencies, and health and medical facility operators.
- Review plans and procedures.
- Verify the readiness of the emergency health services system.
- Emergency medical services and hospitals will: Determine which normal activities and facility accommodations can be curtailed or shifted to allow for increases emergency capacity.
- Assure that all available medical personnel within the County are adequately trained to handle mass care casualties/scenarios, especially those outlined in the hazard specific appendices to this annex.
- Coordinate the release of public health information with County and State Public

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Information Officers. This would include adequate information for disease prevention, accurate information about disease and incidence of disease; and adequate information for individuals to evaluate their risk of exposure.

2. Imminent Threat – Response Phase

- **The following actions should be accomplished as appropriate:**

- Activate emergency plans and mobilize emergency health personnel. Hospitals may decide to begin notification and callback of available staff members.
- Provide emergency public information on the health aspects of the situation in conjunction with EOC/JIC.
- Based on the scope of the threat, consider requesting activation of the Emergency Operations Center.
- Establish communications among hospital, County and State health departments and the DESC, or his designated representative.
- Implement disease control and prevention measures.

3. Response Phase

- *For non-mass casualties' situation:*

- A. **Initiate actions above.**

- B. Determine the need for additional resources.
 - C. Determine and implement protective actions in coordination with state health officials, the County Executives, and DESC.
 - D. If the County Health Officer and the medical advisory team determines that the health and medical needs exceed county capabilities, assistance from state and federal agencies may be requested by the DESC, through MTDES.
 - E. In cooperation with the American Red Cross, provide health and medical care at shelter and congregate care facilities as health department staffing and responsibilities permit.

- *For mass casualties' situations:*

1. County Fire, EMS, Police and rescue services responding first to the incident will determine the number and type of casualties, requesting additional assistance, establish staging and initiate triage procedures.
 - 1) Establish and operate emergency medical care centers for essential workers in the hazardous area following the evacuation of the general population.
2. The hospital should:
 - 1) Obtain crisis augmentation of health and medical personnel, e.g. nurses' aides, paramedics, American Red Cross personnel and other trained volunteers.
 - 2) Consider reducing the patient population in hospitals, nursing homes, and other health care facilities if evacuation is necessary, and continue medical care for those that cannot be evacuated.
 - 3) Coordinate with the County Public Information Officer (PIO) to provide information to friends and relatives of the injured were taken.
3. The American Red Cross, with assistance from EMS transportation resources, will maintain information concerning the medical facilities to which the injured were taken.

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4. When the emergency involves significant health hazards, the County Health Officer will, as appropriate, carry out the following activities:
 - 1) Initiate control measures as needed to prevent and reduce the incidence of disease.
 - 2) Identify safe food, and water supplies and emergency measures to prevent illness, provide information on emergency measures to prevent illness, provide information on emergency wastewater control measures, provide information on air quality concerns and provide information on vermin and vector control measures.
 - 3) Assist in the identification of disaster areas to which access should be restricted.

4. Recovery Phase

Health authorities will determine if a continuing health problem exists requiring an on-going commitment of resources; or if there is a potential for new problems developing.

If the emergency involved mass casualties:

- A. Crisis counseling for disaster workers or victims should be implemented.
- B. County Health Officials will provide guidance to the Coroner for determining suitable sites for temporary cemeteries or mass graves, as necessary.

If the emergency involved a specific health hazard, the following actions should be taken to protect the health of the public.

- A. Assist the Department of Environmental Quality and the HAZMAT Team in determining suitable sites and acceptable procedures for the disposal of hazardous materials.
- B. Assist EMS (with appropriate State Agencies) in determining suitable sites and acceptable procedures for caring for the injured.
- C. Health officials will provide public health awareness information regarding the hazard.
- D. Information on sewage and waste control, food and water supplies, insect, and rodent control will be obtained through the County Health Department.

5. Direction and Control

- ◆ See the Direction and Control Annex in Section II: Functional Annexes.
- ◆ The Incident Command System will be implemented at all incidents.
- ◆ The County Health Officer is the primary authority for all health matters.
- ◆ The CHO initially may establish overall coordination, direction and control of health matters at the EOC. However, the CHO had the option to shift activities to another location for greater efficiency. In that event, the County's Main EOC should be provided with a liaison representative from the City/County Health Department.
- ◆ The Incident Commander will establish an Incident Command Post (ICP) as soon as possible and ensure that the location of the ICP and identity of the IC is disseminated to all responders.
- ◆ The IC will adapt the management structure to reflect the need and complexity of the incident. In accordance with other annexes, this may include, but is not limited to activating the EOC, establishing unified command, and requesting mutual aid support from neighboring jurisdictions.
- ◆ At localized emergencies the on-scene Incident Commander (or designee) will coordinate the emergency medical care and transport of the critically ill and injured to the appropriate specialty referral centers, and the less seriously injured to the nearest available medical facility

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unaffected by the emergency.

- ◆ The County Health Officer will coordinate all health assistance or directives from state and federal agencies or authorities.
- ◆ In addition to the County Health Officer, there are other public officials who can implement certain actions which take priority. These officials are as follows, based on legal authority:
 - 1) The Governor
 - 2) a State Secretary,
 - 3) a Federal Health Official.

6. Operational Roles and Responsibilities

◆ All Agencies/Departments

- ☐ Maintain a personnel alerting and call-up roster.
- ☐ Maintain primary and secondary communication systems which should be tested twice a year, (backup system may include ARES radio groups)
- ☐ Provide decision-makers and dispatchers, empowered to make decisions, for the Emergency Operations Center (EOC), as required.
- ☐ Prepare to escalate to full and sustained operational status on short notice.
- ☐ Obtain and ensure operational condition of equipment necessary for 24-hour operations.
- ☐ Arrange for necessary supporting resources, for example; medical supplies including procurement of antibiotics, personal protective equipment (PPE), and manpower.
- ☐ Maintain records as accurately as possible for legal, historical, and monetary purposes.

◆ American Red Cross (ARC)

- ☐ Provides blood upon request of the CHO or hospital. (Coordinated through United Blood Service.)
- ☐ Sets up shelters.
- ☐ Provides for crisis counseling for disaster workers and victims, particularly in mass casualty situations

◆ Chief Elected Officials

- ☐ Declare an emergency and/or a disaster with up to a 2-mill levy, if appropriate. Separate declarations are required for each affected jurisdiction (county, Columbus.) A disaster declaration will allow a request to the MTDES for assistance.

◆ Coroner's Office:

- ☐ The County Coroner's Office is the lead agency for the collection, storage, and disposition of all human remains and their personal effects.
- ☐ Designates and supervises permanent and temporary morgues, supervises the collection, identifications, release and/or interment of the dead.
- ☐ Takes charge of all bodies or parts of bodies, and provides for the identification and disposition of the deceased.
- ☐ Ensures that supplies, equipment and resources necessary to deal with the deceased are available, to include mass casualty situations.

◆ DES Coordinator (DESC)

- ☐ Manage the EOC; advise the CEO's and support field operations.

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- ☐ Provide public information if the PIO is not available.
- ☐ Hold periodic briefings when necessary for the EOC staff to exchange information.
- ☐ Act as liaison with MTDES.

◆ **Emergency Medical Services (EMS)/Hospital:**

- ☐ EMS will transport and Stillwater Community Hospital will treat casualties. The emergency room can take up to 2 seriously injured patients. It has 25 beds with an emergency capacity of 36 beds and a 30-day stockpile of medicine. An emergency generator is available.
- ☐ Provide liaison to the EOC, if requested.
- ☐ Provides mobile emergency medical teams in cooperation with the local hospitals, and local fire and rescue organizations.
- ☐ Assesses the emergency medical needs of current event.
- ☐ Curtail elective surgery during mass casualty incidents in order to prepare to assist disaster victims.
- ☐ Develop appropriate plans for mass care situations and establish agreements with area hospitals for the routine transfer of patients and the receipt of patients, in the event of a hospital evacuation.
- ☐ Coordinate with local emergency responders to isolate and decontaminate incoming patients, if needed, to avoid the spread of chemical or biological agents to other patients and staff.
- ☐ Depending on the situation, deploy medical personnel, supplies, and equipment to other patients and staff.
- ☐ Depending on the situation, deploy medical personnel, supplies, and equipment to the disaster sites(s) or retain them at the hospital for incoming patients.
- ☐ Establish and staff a reception and support center at each hospital for the relatives and friends of disaster victims who may converge there in search of their loved ones.

◆ **Emergency Operations Center (EOC):**

(See the EOC Annex for more information)

- ☐ The EOC will provide support to the Incident Commander(s) in such areas as evacuation, communications, transportation, shelter, and any other resources required.

◆ **Fire Services:**

- ☐ City and county fire departments will fight fires, rescue victims, respond to hazardous materials incidents, provide emergency medical services, assist law enforcement with evacuation and assess damage. Damage reports will be reported to the EOC for collection and assessment.

◆ **Law Enforcement:**

- ☐ Law Enforcement will be in charge of evacuation, perimeter security, and traffic control.
- ☐ Damage assessment will be reported to the EOC.

◆ **Public Health:** *(Refer to Public Health All-Hazard Annex for more information.)*

- ☐ Provide for first aid and other medical needs at mass care shelters and reception centers as staffing permits.

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- ☐ For environmental restoration, evaluates methods of disinfection and disposal with the agent of concern and determine if the facility is safe. The Health Officer will issue reentry authorization when a structure has been evaluated and deemed safe.
- ☐ Issue directives and/or support the State's DPHHS and any other State organizations in prohibiting the entry of contaminated foods and liquids into the market place for human consumption.
- ☐ Keeps hospitals, clinics treatment centers and nursing homes advised of public health emergency situation.
- ☐ Supervises all environmental health activities to assure the safety of the citizens and the protection of the environment. This would include wastewater systems, water supplies, food supplies, and air quality.
- ☐ Provides for disease prevention measures including mass prophylaxis, when necessary.
- ☐ The County Health Officer provides adequate information for disease prevention, accurate information about disease and incidence of disease; and adequate information for individuals to evaluate their risk of exposure.

7. Authorities and Limitations

- ◆ The Incident Commander (IC) has the authority to coordinate the use of resources and personnel at the scene of the emergency.
- ◆ The Commissioners have the authority to declare a State of Emergency within their jurisdiction and the responsibility to request a state or federal declaration if appropriate.
- ◆ Commissioners have the authority to enter into mutual aid agreements between their jurisdictions and other jurisdictions.
- ◆ MCA 10-3-104 and 10-3-406 give the Governor and local chief elected officials the authority to *“direct and compel the evacuation of all or part of the population from an emergency or disaster area.... when necessary for the preservation of life or other disaster mitigation, response, or recovery,”* and to *“control the ingress and egress to and from an emergency or disaster area, the movement of persons within the area, and the occupancy of premises therein.”*
- ◆ Law Enforcement has the authority to order evacuations and close roads in emergent circumstances.
- ◆ The MTDOT and the Federal Highway Administration have the authority to close state and federal highways and bridge structures.
- ◆ The County Health Officer has broad authority over matters of public health to include air and water quality concerns, food supplies, wastewater systems, and disease prevention, and control measures.
- ◆ City officials have the authority to condemn a building in the city as unsafe to occupy.

8. Warning and Notification

- A. See the Alert and Warning Annex in Section II: Functional Annexes.
- B. The DESC or his deputy will activate the EAS by contacting the NWS (1-800-240-4596) to initiate the message. If phones are down, a message may be made by hand delivered to the

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Primary EAS station, KEMC at 1500 University Drive, Billings MT 59102. Radio and TV stations will copy the message and interrupt regular programming for the broadcast.

- C. If communications are down, the most logical source of communications will be the local ARES organization, which will be able to provide portable and self-sustained Ham radio communication that can link critical sites such as EOC, shelters, hospitals and others that may be needed.

9. Public Information

◆ Providing Information to the Public

- ☐ See the Public Information Annex in Section II: Functional Annexes
- ☐ Once appointed, the Public Information Officer (PIO) will be responsible for public information coordination and dissemination during the emergency and will clear all press releases through the Incident Commander or DESC. All approved press releases will be logged and a copy saved for the disaster records.
- ☐ During the event, the PIO, in conjunction with the IC, will continue to provide pertinent information over the radio and TV. The public will be reminded to remain calm, stay tuned for more information, and to follow the instructions of emergency management personnel.
- ☐ Then normal alert and warning systems may be down or limited following a major disaster. It may be necessary to augment these systems with mobile public address systems, door-to-door contact, and posting notices on bulletin boards in designated public gathering places such as shelters.
- ☐ The PIO may also participate in a Joint Information Center (JIC) staffed by PIOs from various jurisdictions, to address the media with a single, coordinated voice.

◆ Receiving Information from the Public

Providing adequate communications means to receive information from the public, such as damage reports, sanitation problems, health issues, offers for donated goods, and other public safety-related problems, is the responsibility of the Communications Unit Leader and the PIO. This will probably be done by staffing public information lines and publishing the telephone number through the media. The PIO must also ensure the information received is communicated to the appropriate EOC section to deal with it.

10. Considerations and Implementation Responsibilities

Every type of disaster has issues that are unique to that type of situation. This section is designed to point out the disaster specific issues or areas of consideration and what agency, private or governmental, is responsible to resolve that issue.

◆ Environmental Protection: *Public Health*

The Health Department will take the lead in issues of disease prevention, wastewater disposal, air quality, and food and water supply.

◆ Evacuations: *Chief Elected Officials*

Upon the establishment of the EOC, the Commission or their designee has the responsibility to order appropriate citizen evacuations utilizing local law enforcement or other emergency

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responders as deemed appropriate. Prior to the establishment of the EOC, the Incident Commander had the responsibility to recommend evacuations if the situation is imminently critical. (*See Evacuation Annex*)

◆ **Power Outages:** *Northwestern Energy*

Northwestern Energy will provide response to the loss of commercial power. Auxiliary power capabilities exist at the Courthouse, and Hospital, and at Columbus, and Absarokee and Nye Fire-stations. Public Works also has access to portable generators.

◆ **Road Closures and Emergency Transportation Routes:** *Law Enforcement*

State, County, or City law enforcement agencies working in conjunction with the MTDOT and County Roads Department can enforce the closure of roads and rerouting of traffic if necessary.

◆ **Shelter and Family Referral Services:** *American Red Cross*

If temporary lodging is needed due to a disaster, the ARC will activate, publish information concerning shelters, and manage shelter operations. It is critical that all relief efforts to shelter and feed citizens are coordinated effort between the Red Cross and all affected communities. The EOC is the logical broker for this communication.

Call:

American Red Cross of Montana 1-800-272-6668

The Salvation Army may also be requested to provide shelters and mass feeding. Army operations will be coordinated through the EOC and Red Cross to prevent duplication of effort. Call 406-794-1448

◆ **Special Populations:** *Law Enforcement*

As the situation dictates, it may be required to evacuate elderly and infirm citizens from nursing homes, foster homes and other public and private facilities. Special transportation and trained personnel may be required to accomplish this task. (*See Mass Care Annex*)

◆ **Telephone Outages:** *Qwest*

Qwest will provide response to the loss of conventional telephone service. Cellular telephones may not work when conventional lines are lost. If the interruption to phone service promises to be lengthy, or widespread, alternative communication such as Amateur Radio may be used to establish contact between the public and government facilities.

11. Administration and Logistics

A. The City-County Health Department should:

- 1) Identify sources for emergency medical supplies; coordinate laboratory activities regarding examination of food, water, air and processing of human samples for diagnostic tests.
- 2) Coordinate and request for, the distribution of Strategic National Stockpile medical supplies

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and equipment, and pharmaceuticals, as necessary.

- 3) Submit required reports to state health and medical officials as required.
- 4) Maintain journals, reports, and logs to provide a historical record of events and to support post-emergency expenditures.